FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

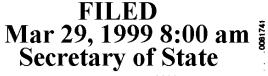
Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 728301

1. Corporation Name

CREST CONDOMINIUM APARTMENT ASSOCIATION, INC



03-29-1999 90075 046 ****61.25

Principal Place of Business Mailing Address									
BOX 68		7100 HWY 329	•			1	al bibli dibli di		
HWY. 146 & FLOYDSBURG RD.		CRESTWOOD KY 40014	CRESTWOOD KY 40014						
CRESTWOOD	KY 40014	08		•		, ,, ,, , , , , , , , , , , , , , , ,)(BIBIS BIBIS W	1011 01011 1001	
		•							
2 Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
21		26			01/21/1974		_		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u></u>	4. FEI Number		Ap	plied For	
22		27			61-0862567			ot Applicable	
City & State	e	City & State			5. Certifcate of Status Desired		\$8.75		İ
23		28					Fee Re		ı
Zip	Country	Zip Cou			6. Election Campaign Financing		\$5.00		
24	25	29 30	,		Trust Fund Contribution		Added t	O Fees	
-	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New R	egistered /	(Bailt		
				(401110					
SABERSON, ROGER			82	Street Addre	ss (P.O. Box Number is Not Acceptal	ble)			
70 SE 4TH AVE POST OFFICE BOX F			83						Į
							., ,		
DELHAT	BEACH FL 33483		84	City		FL	85 Zip (Code	
ii Direnant	to the provisions of Sections 617:0502	2 and 617 1508. Florida Statutes, the	above	-named corpo	ration submits this statement for the	numose of	changing its	registered	-
office or n	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was authoriz	ed by	the corporation	n's board of directors. I hereby accep	t the appoir	ntment as re	gistered	
, and the second	m tamillar with, and accept the obligat	gors or, Section 617.0503, Florida Si	a.u.cə	•					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Register	red Agen	t signature required t	when reinstating)	DATE			Ś
12.	OFFICERS AN	D DIRECTORS 13	3.		ADDITIONS/CHANGES TO OFF	ICERS AN			4
TITLE	PD	☐ DELETE 1.1	TITLE				☐ Change	☐ Addition	3
NAME	MCMAHAN, ARVEL	1.2	NAME						5
STREET ADDRESS	RT. 1 HWY 22, BOX 306	1.3	STREET	ADDRESS					Ļ
CfTY-ST-ZIP	CRESTWOOD KY		CITY-S	T-ZIP			Change	Addition	Ę
TITLE	SD CLANTON F	_	TITLE		-		Citalige	Audition	`
NAME	STOESS, CLAYTON E		NAME					}	ĺ
STREET ADDRESS	6207 POTTS LANE			TADDRESS					ĺ
CITY-ST-ZIP	CRESTWOOD KY		4 CITY-S	IT-ZIP			Change	Addition	
TITLE	TD Taylor, Hiram C.		NAME	Ì					ı
NAME	7100 HWY 329			ADDRESS				ļ	
STREET ADDRESS	CRESTWOOD KY		. CITY-S	· I.					
CITY-ST-ZIP TITLE	CILCOTTOOD III		TITLE) - 4-H"			Change	☐ Addition	
NAME		·- <u></u>	NAME		ے دیا کیا ہے۔		s ·		l.
STREET ADDRESS				ADDRESS				•	i
CITY-ST-ZIP	•	8	CITY-S	1					ĺ
TITLE			TITLE				Change	Addition	ĺ
NAME	(C. 14)	5.2	NAME						
STREET ADDRESS		5.3	STREE1	T ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-S	T-ZIP					1
TITLE			TITLÉ				☐ Change	☐ Addition	ĺ
NAMÉ	5- 13- 13- 14- 14- 14- 14- 14- 14- 14- 14- 14- 14		NAME						
STREET ADDRESS	* * * * * * * * * * * * * * * * * * * *			FADDRESS					ĺ
OWN OF THE		6.4	CITY-S	T-ZIP					i

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if Chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hiram CLTaylor, Treasurer UIRE

3-23-99

502 241-8020

Bignature And Typed or Printed NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date